



News Flash - Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/NationalProvdentStand/> on the CMS website.

MLN Matters Number: MM5462 **Revised**

Related Change Request (CR) #: 5462

Related CR Release Date: January 26, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1164CP

Implementation Date: March 13, 2007

Note: This article was updated on August 27, 2012, to reflect current Web addresses. This article was also revised on February 1, 2007, to show the correct code of 0163T in the last bullet point on page 2. The article had incorrectly reflected 0263T. All other information remains the same.

Coding Change for Lumbar Artificial Disc Replacement (LADR)

Provider Types Affected

All physicians and providers who submit claims to Medicare carriers, Part A/B Medicare Administrative Contractors (A/B MACs), for LADR

Provider Action Needed



STOP – Impact to You

Effective for services on or after January 1, 2007, the CPT codes for billing LADR are changing.

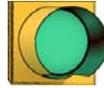


CAUTION – What You Need to Know

No change in Medicare policy results from this coding change. But, be sure billing staff use the correct codes to assure prompt and correct payment of your claims.

Disclaimer

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GO – What You Need to Do

For services on or after January 1, 2007, use CPT code 22857 in place of CPT Category III code 0091T for LADR. Also, use new CPT Category III code 0163T in place of CPT Category III code 0092T for services on or after January 1, 2007. CPT Category III codes 0091T and 0092T are still appropriate for services on or before December 31, 2006, but are discontinued as of December 31, 2006.

Background

This article is based on Change Request (CR) 5462 and the purpose is to announce a coding change effective January 1, 2007 for LADR. A prior change request (CR) 5057, transmittal 992, issued on June 23, 2006 contains correct codes for services rendered in 2006. However, beginning with services rendered on or after January 1, 2007 there are new coding changes. If you would like to review the MLN article that resulted from CR 5057 click on the following link: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5057.pdf> on the CMS website. Please be aware that the National Coverage Determination (NCD) issued under CR 5057 has not changed, only the codes that should be utilized have changed.

Effective for services performed on or **after January 1, 2007**, carriers will **deny claims**, for Medicare beneficiaries over sixty years of age, submitted with the following Codes:

- **CPT code 22857** for total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, **single interspace**.
- **CPT Category III code 0163T** for total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, **each additional interspace**.

Carriers and A/B MACs will continue to follow their normal claims processing criteria for investigational device exemptions (IDEs) for LADR performed with an implant eligible under the IDE criteria.

Carriers will **allow claims** submitted for approved IDEs/clinical trials submitted with:

- **0091T or 0092T** for services performed from May 16, 2006 through December 31, 2006
- **22857 or 0163T** for services performed on or after January 1, 2007 with the modifier QA.

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Additional Information

If you have questions, please contact your Medicare A/B MAC or carrier at their toll-free number which may be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

For complete details regarding this Change Request (CR) please see the official instruction (CR5462) issued to your Medicare A/B MAC or carrier. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1164CP.pdf> on the CMS web site.

Flu Shot Reminder

It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. But re-vaccination is necessary each year because the flu viruses change each year. Encourage your Medicare patients who haven't already done so to get their annual flu shot and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot. It's Not Too Late!** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

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